

AMERICAN DENTAL PLAN (ADP)

Choice of Dentist	Limited to Participating Dentists in Private Practice	
Maximum Benefit/Deductible	No Maximum No Deductible	
Type I 0110 Initial Oral Exam 0120 Periodic Oral Exam X Rays 1110/20 Prophylaxis 1201/03 Fluoride Treatment (children up to the age 19) 1351 Sealant - per tooth	<u>STANDARD</u> You Pay* No Charge No Charge No Charge No Charge (Once every 6 months) No Charge 7.00	<u>ENRICHED</u> You Pay No Charge No Charge No Charge No Charge (Once every 6 months) No Charge 7.00
Type II Fillings: (silver) 2110/40 one surface 2120/50 two surfaces 2130/60 three surfaces 2131/61 four or more surfaces Root canals: 3310 Anterior 3320 Bicuspid 3330 Molar 3410 Apicoectomy Extractions: 7110 single tooth 7120 Each additional tooth 7210 surgical extraction of erupted tooth Periodontics: (gum treatment) 4341 Periodontal scaling & root planning-per quadrant 4210 Gingivectomy/gingivoplasty - per quadrant 4910 Periodontal maintenance procedures	No Charge No Charge No Charge No Charge 95.00 135.00 175.00 65.00 No Charge 5.00 20.00 25.00 70.00 UCR-25%	No Charge No Charge No Charge No Charge 95.00 135.00 175.00 65.00 No Charge 5.00 20.00 37.50 105.00 35.00
Type III Crown & Bridge 2930 Prefabricated stainless steel 2790/91/92/6790/91/92 Full cast crown 2750/51/52/6750/51/52 Porcelain fused to metal crown Pontics: Full Cast 6210/11/12 Porcelain fused to metal 6240/41/42 Prosthodontics (Dentures) 5110 Complete upper 5120 Complete lower 5213/14 Partial upper or lower - cast metal base	35.00 185.00** 200.00** 185.00** 200.00** 200.00 200.00 250.00	35.00 185.00** 200.00** 185.00** 200.00** 200.00 200.00 250.00
<u>ORTHODONTIA</u> Consultation Evaluation Records Children - Normal Class II Adult - Normal Class II 8750 Retention	No charge UCR-25% UCR-25% UCR-25% UCR-25% Additional	No Charge 35.00 250.00 1400.00 1950.00 Additional
<u>VISION</u> Examination Single Vision Lenses Bifocal Lenses Trifocal Lenses Contact Lenses - Non-Elective Contact Lenses –Elective Frames	Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered Not Covered	Not Covered Up to 50% Off Up to 50% Off Up to 50% Off Up to 60% Off Up to 60% Off Up to 50% Off
	* STD plan fee apply to participating General Dentist only	**CoPayments are exclusive of gold